

<b>ARIZONA DEPARTMENT OF HEALTH SERVICES</b> <b>VITAL RECORDS SECTION</b>		<b>WARNING: False application for a birth certificate is a Felony offence.</b> Signature of applicant MUST BE NOTARIZED (Mail ONLY) OR this form must be accompanied by a COPY OF A VALID GOVERNMENT ISSUED PICTURE I.D. which contains the applicant signature.		<b>Effective September 1, 2004</b> Office of Vital Records does NOT accept personal checks.	
<b>APPLICATION FOR COPY OF DEATH/FETAL DEATH OR CERTIFICATE OF BIRTH RESULTING IN STILLBIRTH</b>					
<b>DATE</b>		<b>ENCLOSED \$</b> _____ <b>IN</b> _____ <b>FOR</b> _____ <b>COPIES OF THE FOLLOWING DEATH CERTIFICATE</b>		<b>FOR OFFICIAL USE ONLY</b>	
1. NAME OF DECEASED - First, Middle, Last				STATE FILE NUMBER	
2. DATE OF DEATH - Month, Day, Year		SEX	SOCIAL SECURITY NUMBER (Necessary for positive identification)		
3. PLACE OF DEATH - Hospital or Residence		TOWN, STATE, ZIP CODE		ARIZONA	
4. IF MARRIED IS WIFE/HUSBAND OF DECEASED NOW LIVING? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES LIST NAME - First, Middle, Last			
5. HOW WILL COPIES BE USED?		ARE COPIES TO BE USED FOR U.S. GOVT CLAIMS? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, LIST EACH TYPE OF CLAIM	
Credit\Debit Card MC <input type="checkbox"/> or Visa <input type="checkbox"/> <div style="border: 1px solid black; width: 100%; height: 40px; margin-top: 5px;"></div>				Exp. Date MM\YY <div style="border: 1px solid black; width: 40px; height: 30px; display: inline-block; vertical-align: middle;"></div> <div style="border: 1px solid black; width: 40px; height: 30px; display: inline-block; vertical-align: middle;"></div>	
6. SIGNATURE OF APPLICANT (The regulations require a signed application)				RELATIONSHIP TO DECEASED?	
7. TYPE OR PRINT NAME AND CORRECT MAIL ADDRESS BELOW				8. Phone Number (Required)	
NAME				Money Order, Visa, Master Charge, Cashiers-Check, Cash	
YOUR MAILING ADDRESS (NUMBER AND STREET)				Send Completed application and correct fee to: OFFICE OF VITAL RECORDS Arizona Department of Health Services P.O.Box 3887 Phoenix, AZ 85030-3887	
TOWN, STATE, ZIP CODE				SUBSCRIBED AND SWORN TO OR AFFIRMED BEFORE ME THIS DAY OF	
				NOTARY'S SIGNATURE	
				MY COMMISSION EXPIRES	
ADHS\ADM\Vital Records VS-158 (Rev. 09/04)					

<b>Cochise County</b> Health Department 1415 Melody Lane, Bldg. A Bisbee, Arizona 85603-3037 520-432-9400 (C) (MO)	<b>Coconino County</b> Health Department 2500 N. Fort Valley Rd. Bldg. 3 Flagstaff, Arizona 86001 928-226-2715 (C) (PC) (MO) (CC)	<b>Graham County</b> Health Department 826 West Main Safford, Arizona 85546 928-428-1962 (C) (MO) (PC)
<b>Maricopa County</b> Office of Vital Registration 3221 N. 16th Street, Suite 100 Phoenix, Arizona 85016 (Mail to): PO Box 2111 Phoenix, Arizona 85001 602-506-6805 (C) (MO) (PC) (CC)	<b>Navajo County</b> Health Department 117 East Buffalo Street Holbrook, Arizona 86025 928-524-4750 (C) (MO) (PC)	<b>Pima County</b> Health Department Vital Records Office 150 W. Congress Rm. 194 Tucson, AZ 85701 520-740-8522 (C) (PC) (MO) (DC) (CC)
<b>Pinal County</b> Health Department 500 S. Central Avenue (Mail to): P.O. Box 2945 Florence, AZ 85232 928-771-3125 (C) (MO) (PC)	<b>Yavapai County</b> Health Department 1090 Commerce Prescott, AZ 86305 928-771-3125 (C) (MO) (PC)	<b>Yuma County</b> Health Department 2200 West 28 Street, Suite 137 Yuma, AZ 85364 928-317-4530

By Mail: Office of Vital Records PO Box 3887 Phoenix, Arizona 85030 602-364-1300 (MO) (DC) (CC)	In Person: Office of Vital Records 1818 West Adams Street Phoenix, Arizona 85007 (C) (MO) (DC) (CC)
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